

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **APPARATUS AND METHOD OF USE FOR IDENTIFYING AND MONITORING WOMEN AT RISK OF DEVELOPING OVARIAN SURFACE EPITHELIUM DERIVED CARCINOMAS**, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, section 1.56(a).

POWER OF ATTORNEY

I hereby appoint all power of attorney to R. William Graham (Reg. No. 33,891) whose address is 22 S. St. Clair St., Dayton, Ohio 45402 and telephone no. is 937-461-6988 to prosecute and transact all business in the Patent and Trademark Office connected therewith only for such period as the pendency of this application, continuation, continuation-in-part or divisional thereof and at the conclusion of which such power shall terminate.

SEND CORRESPONDENCE TO: R. William Graham
22 S. St. Clair St.
Dayton, Ohio 45402

DIRECT TELEPHONE CALLS TO: 937-461-6988

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

10035845 "122401

Full name of inventor: William H. Reeves
 Residence : 3051 N. E. 47 Court ~~210~~, Ft. Lauderdale, FL 33303
 Citizenship: United States
 Post Office Address: 3051 N. E. 47 Court ~~210~~, Ft. Lauderdale, FL 33303

Inventor's signature William H. Reeves Date 12-21-01

Full name of inventor: Jonathan Reeves
 Residence : 850 Dayton Street, Yellow Springs, Ohio 45387
 Citizenship: United States
 Post Office Address: 850 Dayton Street, Yellow Springs, Ohio 45387

Inventor's signature [Signature] Date 12-21-01

Full name of inventor: Louis Keith, M.D.
 Residence : 1530 North Dearborn Parkway, Chicago, Illinois 60611
 Citizenship: United States
 Post Office Address: 1530 North Dearborn Parkway, Chicago, Illinois 60611

Inventor's signature Louis Keith M.D. Date 12-21-01

10035845-122401